



National Congress of American Indians

2006-2007 INDIVIDUAL MEMBERSHIP APPLICATION

The National Congress of American Indians (NCAI) founded in 1944, is the oldest, largest and most representative national Indian organization.

YES! I support the continuing work and purpose of the National Congress of American Indians and I want to become a Member in good standing

- \$40 Individual Indian Member
One Vote, NCAI Broadcasts and Alerts sent to One E-Mail - OR - to One Fax Number, The Sentinel, Reduced Conferences Rates and a Membership Card
- \$40 Individual Associate Member
Non-Indian, Non-Voting, NCAI Broadcasts and Alerts sent to One E-Mail - OR - to One Fax Number, The Sentinel, Reduced Conference Rates and a Membership Card
- \$500 Organization Associate Member
Non-Voting, NCAI Broadcasts and Alerts sent to Two E-Mails - OR - to One Fax Number and The Sentinel
- \$1000 Individual Lifetime [Indian] Member
Lifetime Voting, NCAI Broadcasts and Alerts sent to One E-Mail - OR - One Fax Number, The Sentinel, Reduced Conference Rates and a Lifetime Membership Card

[Membership will take effect after October 1, 2006]

I AM INCLUDING A TAX DEDUCTIBLE DONATION OF:

- \$50 \$100 \$250 \$500 Other

Mail This Form to: NCAI, 1301 Connecticut Avenue NW, Suite 200, Washington, DC 20036

* Required Fields

- * Name: _____
- * Title: _____
- * Tribe/Organization: _____
- * Address: _____
- * City: _____ * State: _____ * Zip: _____
- * Telephone: _____
- * E-Mail Address: _____ [OR] Fax: _____
- * E-Mail Address #2: _____

[For Organization Associate Membership use only]

[Please Configure your spam filter to allow NCAI electronic Broadcasts & Alerts]

PAYMENT INFORMATION

- Enclosed is a Check or Money Order

Make Check for Tax-Deductible Donation payable to NCAI FUND, INC.
Make Check for Membership payable to NCAI CONGRESS

Fax Form To [202] 466-7797 Card Number: _____ Expiration Date: _____

- Visa Name: _____
- Master Card Signature: _____

NCAI STAFF USE ONLY [Please do not write in this area]

Payment Received: \$ _____ Date: _____ Received By: _____

Credit Card Authorization Number: _____ Check Number: _____

For More Information Contact Bernida Humetewa, Director of Membership at 505-867-0203